

# TOWN OF OLIVE

DEPARTMENT OF BUILDINGS

**BUILDING PERMIT  
RECEIPT**

WEST SHOKAN, N.Y. 12494

- TOWN CLERK
- ASSESSORS
- CONTRACTOR
- OWNER

1. IDENTIFICATION OF APPLICANT

Applicant, if other than owner:

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fire #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Interest of applicant, if other than owner: \_\_\_\_\_

Person Preparing Plan: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. IDENTIFICATION OF SUBJECT PROPERTY

Location: \_\_\_\_\_

Tax Map Designation (if any): Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

If subdivision, give name: \_\_\_\_\_ Date approved: \_\_\_\_\_

Lot size (acres): \_\_\_\_\_ Zoning District(s): \_\_\_\_\_

3. State existing use and occupancy of premises and intended use and occupancy of proposed construction:

a. Existing use and occupancy \_\_\_\_\_

b. Intended use and occupancy \_\_\_\_\_

4. Nature of work (check when applicable): New Building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_

Repair \_\_\_\_\_ Removal \_\_\_\_\_ Demolition \_\_\_\_\_ Mobil Home \_\_\_\_\_ Modular \_\_\_\_\_

5. Estimated Construction Cost \_\_\_\_\_ Fee\* \_\_\_\_\_

(To be paid on filing this application)

6. If dwelling, number of dwelling units \_\_\_\_\_

Number of dwelling units on each floor \_\_\_\_\_

If garage, number of cars \_\_\_\_\_

7. If business, commercial or mixed occupancy, specify nature and extent of each type of use:

\_\_\_\_\_

8. If accessory building, describe use of building: \_\_\_\_\_

9. a. Dimensions of existing structure, (if any): Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

b. Dimensions of proposed structure: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

10. Is proposed construction in conflict with any zoning law, ordinance or regulation?

\_\_\_\_\_

11. Name of Compensation Insurance and Disability Insurance:

Carrier: \_\_\_\_\_

Name of Policy: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

12. Contractor or Homeowners Policy #: \_\_\_\_\_

13. Name of Architect (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

14. Has the construction site or a portion thereof been designated as a flood hazard area:

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Woodburning appliance installation: \_\_\_\_\_